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APPLICANTS

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*a.v.* \*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/564,185 04/21/2004  
~~(\*) Data provided by applicant is not consistent with PTO records.~~

*a.v.* \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 10/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>g.v.</u> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS X5	INDEPENDENT CLAIMS 1
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TITLE  
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